

# **EXHIBIT 1**

Travis W. Koch #7-5418  
Koch Law, P.C.  
121 W. Carlson St, Suite 3  
Cheyenne, Wyoming 82009  
307-426-5010  
tkoch@kochlawpc.com  
*Attorney for Plaintiffs*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF WYOMING  
CHEYENNE DIVISION**

AXTRA, LLC, and THE AXIA-AXTRA TRUST,

Plaintiffs,

V.

AXIA ISSUER, INC., and THE AXIA  
FOUNDATION,

Defendants.

Civil Action No. 1:22-CV-00144

**DECLARATION OF CHRISTOPHER FAUCETT IN SUPPORT OF PLAINTIFFS’  
RESPONSE TO DEFENDANTS’ MOTION TO DISMISS PLAINTIFFS’ AMENDED  
COMPLAINT AND, IN THE ALTERNATIVE, RENEWED MOTION FOR LEAVE TO  
CONDUCT JURISDICTIONAL DISCOVERY**

Pursuant to 28 U.S.C. § 1746, the undersigned, Christopher Faucett affirms and declares as follows:

1. My name is Christopher Faucett, and I am one of the attorneys for the plaintiffs in the captioned case.
2. I am fully competent to make this declaration, and I have personal knowledge of the facts stated herein.

DECLARATION OF CHRISTOPHER FAUCETT IN SUPPORT  
OF PLAINTIFFS' RESPONSE TO DEFENDANTS'  
MOTION TO DISMISS AMENDED COMPLAINT –

3. Attached hereto as “**Exhibit A**” are what is believed to be true and accurate copies of wire transfer records plaintiffs’ counsel recently obtained reflecting an entity “AXIA Capital Ltd.” – with an address in Greenwood Village, Colorado (in this Circuit) – using a financial institution, “the Reserve Trust,” to receive wire transfers in 2021 of \$10,000; \$25,000; and \$150,000, respectively. Plaintiff is attempting to secure a declaration from the individual who paid the money reflected in these wire transfers to further authenticate these records.

I declare under penalty of perjury under the laws of Wyoming and of the United States that the foregoing is true and correct.

Executed on June 5, 2023.

  
[DECLARANT]

## **EXHIBIT “A”**

7/13/23, 12:00 PM

07162021

Wire Transfer Archive

TD BANK

Value Date: 07-16-2021 to 07-16-2021

MOP	DIR	MID	AMOUNT	CREATE DATE & TIME	VAL DATE	TYPE	BANK	DEPT	BRANCH	VER	TEMPLATE
FED	O		10,000.00	07-16-2021 14:17:32	07-16-2021	1000	004	WIR	004BR9999	0	

BANK	ACCT TYPE & NUMBER	CUST CODE	CUSTOMER NAME	FEE	ADVICE
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DEBIT ACCOUNT:

CREDIT ACCOUNT:

SENDER:

ORIGINATOR:

RECEIVER: 7558 THE RESERVE TRUST

BENEFICIARY: AC 13408

Axia Capital Ltd

5600 S Quebec St

Greenwood VillageCO

ORIGINATING BANK:

BENEFICIARY BANK:

INSTRUCTING BANK:

INTERMEDIARY BANK:

PRODUCT CODE:

SENDER REFERENCE:

IMAD:

OMAD:

REFERENCE FOR BENEFICIARY:

AS OF DATE &amp; REASON:

REFERENCE IMAD:

DISPOSITION:

I: AX Q2BM FFD Q

try Code:US

-ACCOUNT INFORMATION:

NAME :

ADDR1:

ADDR2:

CITY :

DRIVER'S LICENSE:

SSN OR EIN:

STATE: ZIP:

STATE OF ISSUE:

TAXPAYER ID:

EXPIRATION DATE:

COMMENTS:

PHONE:

4/13/23, 12:00 PM

07122021

Wire Transfer Archive

TD BANK

Value Date: 07-12-2021 to 07-12-2021

MOP	DIR	MID	AMOUNT	CREATE DATE & TIME	VAL DATE	TYPE	BANK	DEPT	BRANCH	VER	TEMP
FED	0		25,000.00	07-12-2021 10:37:36	07-12-2021	1000	004	WIR	004BR9999		

DEBIT ACCOUNT:	CREDIT ACCOUNT:	BANK	ACCT TYPE & NUMBER	CUST CODE	CUSTOMER NAME	FEE	ADVICE

SENDER: [REDACTED]

ORIGINATOR: [REDACTED]

RECEIVER: [REDACTED] 7558 THE RESERVE TRUST

BENEFICIARY: AC [REDACTED] 13408  
Axi [REDACTED] td  
5600 S Quebec St  
Suite 205D  
Greenwood VillageCO

ORIGINATING BANK:

BENEFICIARY BANK:

INSTRUCTING BANK:

INTERMEDIARY BANK:

PRODUCT CODE: [REDACTED]  
SENDER REFERENCE: [REDACTED]  
IMAD: [REDACTED]  
OMAD: [REDACTED]

REFERENCE FOR BENEFICIARY: [REDACTED]  
AS OF DATE & REASON: [REDACTED]  
REFERENCE IMAD: [REDACTED]  
DISPOSITION: [REDACTED]

OBI: AX IXFV NZH Q

BBI:

Country Code:US

NON-ACCOUNT INFORMATION:

PHONE:

NAME :  
ADDR1:  
ADDR2:  
CITY :  
DRIVER'S LICENSE:  
SSN OR EIN:

STATE; ZIP:  
STATE OF ISSUE:  
TAXPAYER ID:

EXPIRATION DATE: [REDACTED]  
COMMENTS:



MOP	DIR	MID	AMOUNT	CREATE DATE & TIME	VAL DATE	TYPE	BANK	DEPT	BRANCH	VER	TEMPLATE
FED	O		150,000.00	11-03-2021 13:04:21	11-03-2021	1000	004	WIR	004BR9999	0	

BANK	ACCT TYPE & NUMBER	CUST CODE	CUSTOMER NAME	FEE	ADVICE
DEBIT ACCOUNT:					
CREDIT ACCOUNT:					

SENDER: [REDACTED]

RECEIVER: [REDACTED] 7558 THE RESERVE TRUST

ORIGINATOR: [REDACTED]

BENEFICIARY: AC [REDACTED] 13408  
Axia Capital Ltd  
5600 S. Quebec St  
Suite 205D  
Greenwood VillageCO

ORIGINATING BANK:

BENEFICIARY BANK:

INSTRUCTING BANK:

INTERMEDIARY BANK:

PRODUCT CODE: [REDACTED]

REFERENCE FOR BENEFICIARY: [REDACTED]

SENDER REFERENCE: [REDACTED]

AS OF DATE &amp; REASON: [REDACTED]

IMAD: [REDACTED]

REFERENCE IMAD: [REDACTED]

OMAD: [REDACTED]

DISPOSITION: [REDACTED]

BI: AX XGXU S2M Q

BI:

Country Code:US

N-ACCOUNT INFORMATION:

NAME :

ADDR1:

ADDR2:

CITY :

DRIVER'S LICENSE:

SSN OR EIN:

STATE:

ZIP:

STATE OF ISSUE:

TAXPAYER ID:

EXPIRATION DATE: [REDACTED]

COMMENTS:

PHONE: